UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1996/P/L.45
29 January 1996

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
Second regular session 1996
9-12 April 1996
Item 3(a)(i) of the provisional agenda*

FOR ACTION

# RECOMMENDATION FOR SUPPLEMENTARY FUNDING WITHOUT A RECOMMENDATION FOR FUNDING FROM GENERAL RESOURCES**

## Eastern and Southern Africa Regional Office

SUMMARY

The present document contains a recommendation for supplementary funding for which no recommendation for funding from general resources is requested for the Eastern and Southern Africa Regional Office. The programme proposal submitted here is aimed at expanding or complementing an ongoing programme in the region. The Executive Director recommends that the Executive Board approve supplementary funding in the amount of $489,500, subject to the availability of specific-purpose contributions, for the period 1996 to 1998.

* E/ICEF/1996/9.

** In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1995, will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43 and Add.1).

/...

JUSTIFICATION

1. The HIV/AIDS pandemic presents new challenges to UNICEF in the Eastern and Southern Africa region. As countries strive for the survival, protection and development of children through achievement of the World Summit for Children goals, increasing numbers of children and young people are dying or are being orphaned by AIDS.

2. In 1994-1995, the Government of Norway supported the first phase of a regional HIV/AIDS network support project with a supplementary funds contribution of $118,583. This helped to expand and increase the effectiveness of HIV/AIDS prevention programmes in the region. Because of the continued threat of the AIDS pandemic in the region, it is proposed that the activities of the HIV/AIDS network should continue and become more comprehensive. In phase two, there will be a more coherent and multidisciplinary approach through the direct involvement of regional advisers in the areas of communication, health, education and children in especially difficult circumstances and their country-based counterparts.

3. Sub-Saharan Africa remains the region most seriously affected by AIDS in the world. HIV/AIDS is having a catastrophic effect on socio-economic development. An estimated 2 million people have died of AIDS thus far; 15 million more people may become infected and it is projected that 6 million people will die from the disease by the end of the decade. HIV seropositivity rates, measured through antenatal clinics in urban areas, range from 8 to 35 per cent. Transmission is mainly through heterosexual behaviour, with the remainder through infected blood and mother-to-child antenatal or post-natal routes. Major factors related to the prevalence of AIDS include multiple sexual partners/unsafe practices; the prevalence of sexually transmitted diseases (STDs); non-circumcision of men; inadequate personal hygiere leading to STDS; widow inheritance and ritual cleansing; female genital mutilation, initiation rights and other traditional customs; the use of unsterilized medical instruments; widespread reluctance/resistance to effective family life education; the lack of socio-economic and psycho-social empowerment of women and adolescent girls; and population mobility and emergency situations, which make women especially vulnerable.

4. Women outnumber men in HIV seropositivity by a ratio of 6 to 5. Infections among women are increasing at an alarming rate. Fifty per cent of all infections occur in 15- to 24-year-olds. Infection rates among adolescent girls range from two to seven times more than among adolescent boys. There will be 3 million to 5 million AIDS orphans whose mothers have died by the end of the century; some will lose both parents. Progress made in lowering child morbidity and mortality and increasing life expectancy will be slowed and even reversed in some countries. The under-five mortality rate in the region would have dropped to 132 per 1,000 live births by 2015-2020 if it had not been for AIDS; with AIDS, it is predicted to rise to the 159-189 range. Within this context, the objectives of the regional project include:

(a) To support country programme efforts to rapidly reduce the spread of STDs, especially HIV/AIDS, in Eastern and Southern Africa, especially among young people and women;

(b) To assess and publicize the probable consequences of HIV/AIDS on the health and education of the most vulnerable groups of the region (i.e., women, youth and children) and to promote their well-being;

(c) To build the capacity of partners in Government and non-governmental organizations (NGOs), as well as UNICEF country offices, to design, test, implement, monitor and evaluate programme activities to reduce the incidence of HIV/AIDS and to develop community-based approaches for the care and management of people affected by HIV/AIDS, especially children;

(d) To strengthen linkages and technical cooperation with national partners and institutions, as well as with international, bilateral and regional organizations involved in HIV/AIDS programming;

(e) To vigorously promote implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women to help prevent all STDs.

## RELATIONSHIP TO COUNTRY PROGRAMMES

5. Regional advocacy is needed with partner organizations such as regional institutions, regional governmental forums, NGOs and donors for appropriate policies and sustainable programme acceleration. Therefore, regional advocacy will complement and provide necessary support to advocacy and capacity-building in country programmes of cooperation. In addition, the regional programme will facilitate and enrich the exchange of programme information, experiences and the application of the best programming practices and mixes and balances of strategies for the prevention of STDs and the care of children orphaned by AIDS. The regional programme also will provide resources for regional activities and multi-country activities.

## PROPOSED PROGRAMME

6. Phase two of this regional network initiative will consist of a coherent and multidisciplinary approach to improving programme delivery through the direct involvement of UNICEF regional advisers in communication, health, education and children in especially difficult circumstances and their country partner agencies. Linkages will be strengthened with regional institutions, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Bank, UNICEF headquarters, the World Health Organization (WHO) and other donors involved in HIV/AIDS programming.

7. The Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women are the bases for the policy and legislative changes required to support effective programmes. These changes are needed especially with respect to the prevention of gender abuse, violence and sexual exploitation. A regional approach will need to accelerate changes through support to country programmes.

8. Development of a comprehensive communication strategy involves the training of key personnel in communication concepts and methodologies in order to improve their provision of accurate and timely motivational information which is culturally acceptable. The three main elements involved are (a) advocacy - methods of influencing the public agenda through lobbying, use of high-level spokespersons and the sensitization and orientation of the press; (b) social mobilization - partnership-building with United Nations agencies, donors, NGOs, community-based organizations and others through joint planning and implementation; and (c) programme communication - informed, multimedia and interpersonal strategies aimed at motivating positive behavioural change for adults and positive behavioural development for children and youth.

9. The development of psycho-social training methods, especially for young people both in and out of school, will be a continuing thrust of the new programme. Typically, teaching about HIV/AIDS is usually ineffective because the methodology is very informational and focused on memorization. It has been proven that such teaching methodology does not usually bring about behavioural change or positive behavioural development. Most teachers lack knowledge and skills in participatory methods required to bring about attitudinal change. Therefore, continued emphasis will be placed on the development of participatory training and planning methods.

10. Adolescents, in spite of their heightened vulnerability to sexually transmitted infections, including HIV/AIDS, and other sexual and reproductive health problems, lack adequate access to services. Constraints include legislation and policies barring their access to services; traditional mores which discourage their utilization of services; poor and judgmental attitudes of health care providers towards youth; and the lack of involvement of youth in planning, designing and evaluating services. Therefore, UNICEF will support operations research to develop models of service delivery, strengthen evaluation of services, facilitate exchanges of information and experience on youth- and women-friendly services, and provide technical expertise for the training of service providers.

11. While normally the family is the first line of defence and protection of children, in AIDS-affected households, the capacity for coping with AIDS among one or more members is greatly limited. This situation creates orphaned children, those who have lost one or both parents to AIDS, and young people vulnerable to many problems such as malnutrition and exploitation. Although the mix of support activities will be different in each country, the thrust of policies and programmes aimed at orphaned children will be to strengthen the capacity of families and communities to cope with the increased burden of child care and protection created by the premature death of parents. This will include training to increase the abilities of family and community members to manage the psycho-social stress experienced by orphaned children. The child's right to a nurturing family environment, as stipulated in the Convention on the Rights of the Child, will be the guiding principle.

12. Regional advocacy will be supported with relevant statistical analysis and communicated in easy-to-digest formats. Increased advocacy is required to address a waning interest in HIV/AIDS stories by the international and African press. With proper orientation they will be able to delve beneath the surface

and arrive at positive human interest stories which cast efforts of individuals and communities to deal with the pandemic in a heroic light.

13. The exchange of information and experiences between UNICEF country programmes as well as between regional and national agencies will continue to be important. A regional network meeting will continue to be held each year on a particular programme theme. In addition, subregional events are planned on the network themes. Subregional events also provide one of the best opportunities for training programme personnel. At the same time, there will be a systematic classification and dissemination of the best programming practices through the development of a regional documentation centre on HIV/AIDS. Considerable information is available and should be disseminated more widely, while not duplicating of services provided by other agencies.

14. Although UNICEF staff in the region have considerable experience in HIV/AIDS and youth and women's health programming, additional external expertise is required periodically in these areas as well as in the areas of sexual and reproductive health, communication and behavioural research. Although most of the consultancies can be covered by country programmes, regional funds are required for regional events and multi-country support. A roster of qualified consultants will be drawn up with input from UNICEF, UNAIDS, the United Nations Population Fund (UNFPA), the World Bank and other organizations to ensure that the best people are available to provide programme advice.

15. There is a need for more precision in the area of behavioural and other indicators to be able to evaluate programme success or failure. Bringing about substantive behavioural change in adults is a complex process which often takes place in stages. Less is known about behavioural change or behavioural development of adolescents in Africa. Therefore, clear indicators, good baseline data and adequate monitoring and evaluation tools are required.

16. Even more complex is the overall area of children affected by AIDS. The cause of their hardship is multidimensional and multi-level. HIV/AIDS in the community and family is often only a catalyst for social disintegration. Therefore, formative research, monitoring and evaluation are required to guide UNICEF programme inputs. Funds are required for expertise at regional events and for developing new methodologies from multiple country experiences.

17. One great challenge is the development of national policies and legislation to support effective programming. There is a role for a regional approach through regional institutions and forums in conjunction with UNAIDS, UNFPA, WHO and the World Bank. The new UNAIDS programme is under development, but a regional role is not envisaged. In support of the UNAIDS effort, UNICEF can help to influence national, regional and international policy, especially for children and women. There is a need to strengthen UNICEF links with other donors in the development of policy and programming as well as in the coordination of programming efforts, thereby reducing overlap and helping all donors to assume complementary roles. UNICEF has the strategic advantage of using a country-level approach, and there is a need to share this strength more effectively with other partners.

18. In terms of programme management, the Senior Programme Communication Officer for the regional office will continue to act as focal point for the network, and will work closely with UNICEF regional advisers for health, education and children in especially difficult circumstances. An Assistant Programme Communication Officer is presently under recruitment to support network activities. The UNICEF Representative in Uganda has been nominated as network "convener" and will devote limited time to support the network.

Estimated annual expenditure

(In United States dollars)

| | 1996 | 1997 | 1998 | Total |
|---|---|---|---|---|
| **Programme inputs** | | | | |
| Information: | | | | |
| Audio-visual | 5 000 | 5 000 | 5 000 | 15 000 |
| Publications | 10 000 | 10 000 | 15 000 | 35 000 |
| Training | 10 000 | 10 000 | 15 000 | 35 000 |
| Research and authorship | 15 000 | 18 000 | 20 000 | 53 000 |
| Joint United Nations activities | 20 000 | 30 000 | 30 000 | 80 000 |
| Subtotal | 60 000 | 73 000 | 85 000 | 218 000 |
| **Staff costs** | | | | |
| International consultants | 30 000 | 30 000 | 30 000 | 90 000 |
| National consultants | 10 000 | 10 000 | 10 000 | 30 000 |
| Subtotal | 40 000 | 40 000 | 40 000 | 120 000 |
| **Non-staff costs** | | | | |
| Telephone/voice communications | 10 000 | 10 000 | 14 000 | 34 000 |
| Office supplies and equipment | 9 500 | 2 000 | 2 500 | 14 000 |
| Computer supplies and equipment | 7 000 | 4 000 | 2 500 | 13 500 |
| Travel | 25 000 | 30 000 | 35 000 | 90 000 |
| Subtotal | 51 500 | 46 000 | 54 000 | 151 500 |
| TOTAL | 151 500 | 159 000 | 179 000 | 489 500 |

---